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DIABETES MELLITUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A few months since I was kindly invited by Dr. S. Clapp, of this place, to see a case of diabetes under his care. A portion of the urine had been hastily tested by a competent chemist, and was thought to afford evident indications of glucose, but by a very careful examination of a portion of the urine, made a few days subsequently by the same chemist, no satisfactory traces of sugar were detected. Under Dr. C.'s treatment the child regained its health in a few weeks, and I believe his own conviction now is, that the case was one of diabetes insipidus merely. The mother states that two of her children, previous to this, had wasted away and died under, as she believes, the same disease—that is, a profuse discharge of urine. Dr. C. had, previous to this, devoted a good deal of attention to the investigation of diabetes mellitus, and felt much interested in the case, as I did also.

Looking over some notes which I had taken of Prof. Jackson's lectures at the University of Pennsylvania, upon this subject, I noticed some views in relation to the pathology of the disease, which differed from what I met with in the books. I much wished to be possessed more fully of the views of so able and justly eminent a member of the medical fraternity, and for Dr. C.'s satisfaction, as well as my own, I wrote him, and was very kindly favored with the following letter, which, with Dr. Jackson's permission, I forward for publication.

Very respectfully,

Pawtucket, R. I., 10th month 14th, 1852. W. OWEN BROWN.

Philadelphia, June 10th, 1852.

My Dear Sir,— * * * * * * The formation of saccharine matter is one of the functions of the liver. This discovery of M. Charles Bernard must be accepted as a finality, to use a current phrase, in physiological science. It has been confirmed in the laboratory of Giessen, and by other chemists. It has been found in the livers of carnivorous and gramnivorous animals—in the livers of animals fed on animal food exclusively—in the reptalia as well as the mammalia and birds. The liver is the only organ in which sugar can be detected in health. It may be cut into slices and washed, so as to be freed from blood, yet

will continue to yield the evidences of the presence of sugar. The saccharine matter, nearly identical with glucose, or diabetic sugar, must consequently exist in liver structure—must be a product of liver cell action, and included in liver cells.

If this inference be correct, and I do not perceive how it can be refuted, provided the facts are as reported, by what process does the saccharine matter find its way into the blood? This mystery has not been explained. In health, the portal blood entering the liver contains no saccharine substance—it is always found in the blood of the hepatic veins, as it issues from the liver, and in the blood taken from the right cavities of the heart. The blood taken from the left cavities of the heart and the vessels of the general circulation, yields no evidence of glucose or saccharine matter. Thus the sugar formed in the liver disappears in the lungs; it is decomposed in the pulmonary circulation. Glucose, or diabetic sugar, is decomposed promptly in the presence of oxygen, alkaline substances, nitrogenous bodies and water. These are present in the lungs, and in health the saccharine matter, a product of the action of the liver, is chemically destroyed by the respiratory process. It is most probably first converted into lactic acid, which under the above-stated conditions is instantly broken up, its carbon becoming oxydized and converted into carbonic acid, its hydrogen combining with oxygen forms vapor of water, both of which products are eliminated in expiration, while the heat evolved serves to maintain the blood at its normal temperature, 98° to 100°. The functions of the liver and the lungs are seen, in this respect, to be antagonistic. What the one produces, is immediately destroyed by the other. The glucose of the liver is thus prevented from entering into the circulation and being diffused throughout the economy.

What, it may be asked, can be the intention of this singular provision? The following appears to me the most probable solution of the phenomenon. Heat and oxygen are the most indispensable conditions of life and health. Nature has taken corresponding precautions to renew a constant supply of an agent of so much importance as heat. From six to seven parts of eight of our aliment, are destroyed for the production of heat. They are the hydro-carbons, or calorifacient elements of food. They are incapable of serving for nutrition or the production of organized structure. They are intended to undergo oxydation or combustion, for the purpose of keeping up the temperature of the body. Fat is not an organized tissue; it is not properly an organic portion of the economy. It is the surplus hydro-carbon of the food, stored up as fuel, to be employed for the production of heat when the exterior supplies are cut off.

Now it is a common, almost constant occurrence, that, either from disorders of the digestive organs, or other causes, the blood receives no supplies of hydro-carbons from the food, and that the store of fat is being rapidly consumed and exhausted. In this emergency, the economy has provided a resource within itself, by which it obtains these important elements and can maintain the indispensable conditions for its existence, a temperature of 98° F. This resource is the function of the

liver, by which it manufactures glucose, a substance rich in carbon and hydrogen, as is shown by its formulary—C_{12}, H_{12}, O_{12}. Almost the same instant that glucose leaves the liver, from the rapidity of the circulation, it is thrown into the lungs, and is there burnt up, producing carbonic acid and water, both eliminated with evolution of caloric, which is absorbed by the blood and diffused throughout the organism. Corroborative of the above facts and views, it has been ascertained by Regnose and others that in various affections, which injure more or less the lungs and their functions, as emphysema, phthisis, bronchitis, pneumonia, there is a corresponding proportion of glucose found to exist in the urine.

From the preceding facts, the pathology of diabetes mellitus would appear to rest on the resolution of this problem—What are the circumstances that impede the healthy action of the lungs, from decomposing the glucose manufactured in the liver and introduced into the lungs from that organ? Walshe (W. H.?) asserts it is the deficiency or absence of the alkalinity of the blood. On this hypothesis is founded the treatment of the disease by alkalies. Regnose and others contend that the disease depends on some defect in the respiratory functions, generally connected with pulmonary affections.

M. Charles Bernard has further ascertained that by wounding or pinching the medulla oblongata in the floor of the fourth ventricle, just above the calamus scriptorius, glucose in a short space of time is to be detected in the urine—diabetes mellitus is in fact artificially generated. M. Bernard attributes this result to a direct nervous action on the liver, augmenting its production of saccharine matter. M. Regnose, with greater probability, assigns it to a diminished activity of the respiratory action of the lungs. It is well known that the activity and energy of respiration are directly dependent on the medulla oblongata—a fact which imparts more confidence to the last view. * * * * * * *

Very respectfully yours, &c. SAMUEL JACKSON.

Dr. W. Owen Brown.

SKETCHES OF EMINENT LIVING PHYSICIANS—NO. XXIII.

PROF. RUSH VAN DYKE, M.D., OF PHILADELPHIA.

[Communicated for the Boston Med. and Surg. Journal.]

——————"A firm, yet cautious mind;
Sincere, though prudent; constant, yet resigned.
Honor unchanged, a principle profest,
Fixed to one side, yet moderate to the rest."
"Filled with the sense of age, the fire of youth,
A scorn of wrangling, yet a zeal for truth;
A generous faith, from superstition free:
A love to peace, and hate to tyranny."
"Such this man is."—POPE.

"Ille vir, haud magna cum re, sed plenus fidei."—CICERO.

How little do men who have influential friends, from their youth up, appreciate the heart-wearing toil of the ambitious, poor and friendless orphan. His dreams are private and unknown to the world. His aspirations are felt and not told. His friends are his own sweet thoughts,

and that bright hope, which like the pillar of cloud by day, and of fire by night, throws a soft but clear light around his dreams, and beckons him on, in the thoroughfare of life, while battling with the obstacles of poverty and ignorance. Yet for all this, *we* would rather have that poor boy's peaceful conscience, tender but firm hope, and energetic will, than all the gaudy tinsel of family, friends and fortune, without them. The "obstinate activity" of ambitious poverty is itself a safeguard to virtue, and a guarantee to happiness. The course of such minds is onward and upward. Forever surrounded by an imaginary excellency to be enjoyed at some future time, the present is dignified by the fancied nobility of the perfection sighed, labored and fought for.

The subject of Cato's sketch to-day, although not surrounded with superfluous wealth in his youth, nor even in more advanced years, has yet had the advantage of good domestic training and associations; as well as the consciousness of belonging to a family of no mean position in many of its branches. Rush Van Dyke was born in Front street, Philadelphia, Sept. 9th, 1813, where he resided until the family removed to Abington, a village about ten miles north of the city. His father was Dr. Frederick A. Van Dyke, a pupil of Drs. Rush and Physick; to the memory of whom, particularly that of Dr. Rush, he, in common with the many pupils of that great man, still bears a respect bordering on reverence.

On the first of May, 1823, young Rush Van Dyke, at the early age of 10 years, entered the grammar class, in New Brunswick, of what was then called Queen's College, afterwards Rutgers College. At the age of 13 (in 1826), he entered the sophomore class, but being likely to graduate too early, was sent back to the freshman class. He received the degree of Bachelor of Arts in July, 1830. His teachers were among the most distinguished of the day, in every department of science and literature. Rev. Jno. S. Mahon, Rev. Drs. Brownlee, Milledoler, Jno. Dewitt, James S. Cannon, Alexander McClelland, Drs. Adrain, Strong and others, were his instructers. After a thorough college course, he commenced, in 1830, the study of medicine, under the supervision of his father, then and still a distinguished physician in full practice. He received the degree of Doctor in Medicine, in the spring of 1835, in the University of Pennsylvania. His clinical advantages with his father and elsewhere were ample, and taken full advantage of.

In June, 1835, he was called to take charge of the hospitals on the extensive estates of the members of the house of Wright, Sheldon & Co., in the Island of Cuba, as well as some neighboring estates. This position, and the fact that there was not a physician within twenty miles of the place, caused him to be extensively employed in private as well as public practice; the patients numbering from 75 to 100 daily, embracing almost all forms of disease, "from yellow fever and dysentery to elephantiasis and leprosy." These duties were faithfully discharged, during a period of over three years, at the end of which time he returned to Philadelphia, where he has resided ever since.

Although continually in the field (or street) as a medical practitioner, he has, from long habit and inclination, been always prosecuting the study of

the several branches of his profession with ardor and enthusiasm. His opinions in forensic medicine, have been listened to with respect, and had their proper influence in many important cases, involving life and reputation, in our courts of justice. Cases of suicide, insanity, infanticide, &c., are among those, the decision in which, was influenced by his testimony.

In 1843, he joined several friends, among whom was his present colleague who now occupies the surgical chair in the Philadelphia College, in forming an association for medical instruction in the summer season, without granting medical degrees. Several of his co-lecturers soon found an opportunity to obtain a charter, left by a faculty resigning, and went to build up another medical college. Dr. V. occupied in the association the chair of Institutes of Medicine and Medical Jurisprudence. He continued for some years associated with several medical friends, among whom was the late lamented Prof. James Rogers, of the University, instructing young men in the several branches of medicine.

In September, 1848, he was appointed Prof. of Materia Medica and General Therapeutics in the Philadelphia College of Medicine, and his courses have continued ever since until the present year. In August, 1852, he succeeded to the chair of Theory and Practice of Medicine, made vacant by the resignation of Prof. T. D. Mitchell. He will enter upon the duties of the appointment in October.

His style of lecturing is highly didactic and analytical. He continually leads the mind of the student to fundamental principles rather than dry detail of unimportant facts. This disposition fits him well for minds somewhat advanced, where the detail becomes less important. Second and third course students therefore appreciate him better than freshmen. He is in no wise timid in expressing his convictions, and if we may venture an opinion on the principles of his practice, he is much more disposed to the Hippocratic or expectant mode than to that of exhibiting herculean doses of drugs.

He has long been a decided advocate of the Temperance reform, and has labored faithfully, with many other of our best physicians, in public and in private, to drive from our country the awful scourge of intemperance. The Journal of the Grand Division of the Sons of Temperance of Pennsylvania bears testimony to his desire to improve the discipline and general character of that body. In politics he is liberal, and willing to subscribe to the *whig platform.* In religion he is an enlightened and liberal Roman Catholic. Like Sir Astley Cooper and many other men of energy, he began the world rather ultra in most matters, but has become conservative and considerate.

His manner of life is philosophical and simple; with no strong propensity to gratify, at the expense of the other faculties. Having suffered considerably in a southern climate, the irritability and tolerance of his physique have been sharpened and diminished. These, however, will doubtless be improved; about a year since he took unto himself a lovely and accomplished wife—a young lady, an orphan of this city. He is willing to live and let live; is disposed to live in peace with all men, but fully able to apply the lash to presumption and ignorance when they

intrude upon the precincts of truth and justice. Rather below the medium height, with dark hair, what remains of it, very dark eyes, square built, with gestures deliberate and considerate, he presents rather the appearance of a gentleman of philosophic mind, than a hero of animal life. His bald head gives him much the appearance of an ancient priest or rabbi. His manners are those of a gentleman and a scholar. Long may he live to teach and adorn our profession. CATO.

Philadelphia, Sept., 1852.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the Boston Medical and Surgical Journal.

NINTH LETTER.

MY DEAR FRIEND.—If I could think that your readers had remarked the interruption of my correspondence, and especially if they had complained of it, I should ask of you the permission to have me excused, on account of other imperious duties which have taken up the few and short instants which I could devote to you. I could easily contract the pleasant and charming habit of these periodical conversations with the numerous public, that your talent and that of your fellow laborers have known how to invite around your Journal. But you are so rich and so varied in this respect, that my absence could not cause any loss. I shall, however, do all in my power, in order that the good will of your readers may hereafter accompany me at least as regularly as possible.

I wish to terminate to-day what concerns blennorrhagia, by some words upon its treatment. You understand that in these letters, details would be idle and useless. I confine myself to the generalization of all these questions, the developments making the subject of a special and extended treatise, which I soon hope to be able to offer to the judgment of my friends. Here, I touch upon all the doctrines of the Hospital du Midi, and I ought to conclude that which treats upon blennorrhagia by some considerations upon the treatment of this disease.

When we see the obstinacy of certain writers on syphilis, in retaining the old ideas concerning blennorrhagia, recognizing and admitting only virulent blennorrhagia, it would seem that these writers ought not to establish the existence of any discharge without applying as soon as possible a mercurial treatment. But, it is not so. The greatest number of them content themselves with a rational treatment, and among them you will range M. Vidal, who does nothing but what I do, and perhaps less, for in what he has written upon blennorrhagia, although establishing nowhere, an absolute differential diagnosis between virulent and benign blennorrhagia, he does not speak at all of the antisyphilitic treatment properly so called. Look at the Treatise on External Pathology by M. Vidal, and you will be astonished like myself, that with his ideas upon the virulence of blennorrhagia in general, the treatment of my colleague should be so benign.

I have already said a word upon the astonishing and ridiculous cus-

tom of those who give copaiba and cubebs for the blennorrhagia of bachelors, and who reserve mercury for whoever wishes to marry. This mode of therapeutics with two aims recalls to me the history of one of my old colleagues of the Hospital du Midi. He had in his youth, like many others, contracted blennorrhagia. At a later period he was to marry the daughter of an old writer upon syphilis, who was imbued with the doctrines of the treatment of precaution; he did not obtain the hand of his intended except upon the condition of a long-continued treatment with the liquor of Van Swieten. The treatment finished, the marriage is accomplished—all those who lived in intimacy with this colleague, and even those persons who were present at his clinical lectures, might have heard his frequent and bitter recriminations against this treatment of betrothal. As to the rest, this treatment has been very useless in the case of our colleague, for he had preserved an habitual discharge from the urethra, a last and peremptory argument, which he was in the habit of presenting to the individuals whom he did not succeed in curing of a similar inconvenience.

Others, more logical in appearance, in admitting the virulent blennorrhagia, and confessing nevertheless that they cannot distinguish it from the benign blennorrhagia, give at all hazards and notwithstanding, a mercurial treatment. Hunter is of this number, and his manner of reasoning upon the treatment of blennorrhagia is very curious. If Hunter had no other title to the thanks and the admiration of the wise, his writings would not have come down to us, and M. Richelot, your learned and modest collaborator and friend, would not have gifted France with his beautiful translation of the works of the great English physiologist. Let us hear Hunter. The following passage is not foreign to the question:—

"Whatever may be the method adopted for the treatment of gonorrhœa, whether locally or internally, we must not lose sight of the fact that a certain quantity of the matter of the discharge can be absorbed, and show itself afterwards under the form of constitutional syphilis. To guard against this effect, I think that small doses of mercury ought to be given internally. It is not easy to determine at what epoch this mercurial treatment ought to commence; but if it is true, as I have before explained, that the syphilitic diathesis once formed cannot be cured by mercury, while this therapeutical agent has the power to prevent a similar diathesis from being established, it is important that it should be commenced early, and should be continued until the end of the disease, not only until the secretion of pus has ceased, but also some time after. Mercurial frictions can be employed, when the stomach and intestines cannot support the medicine.

"This practice is much more necessary, if the discharge has existed for a long time, especially when the treatment is composed of simple evacuants only. In fact, when the discharge is of long duration, the absorption has more time to exercise itself; and when recourse has been had to evacuants only, there is more reason to fear that this has taken place, inasmuch as this treatment has no faculty to expel the virus from the economy.

"To prevent the establishment of a constitutional virus, the consequence of the absorption of the venereal pus, it suffices to prescribe a grain of mercury every evening, or morning and evening; but it is necessary to continue the employment of it in proportion to the duration of the disease.

"The success of this practice can never be verified in any particular case, because it is impossible to say if the pus has been absorbed, excepting in those cases where it forms buboes; and every time that we remain uncertain as to the reality of the virulent absorption, it is impossible to affirm that a constitutional syphilis will be manifested, if mercury has not been given; for among those patients who have not taken mercury, we see few who are attacked with constitutional symptoms, consecutive upon a gonorrhœa. However it may be, it is prudent to prescribe a mercurial treatment; for it can be admitted with reason, that we shall often thus prevent the establishment of a constitutional syphilis, as takes place when we administer it to patients affected with chancres or buboes, which under this treatment would certainly determine a general infection, as experience has taught us."—*(Complete Works)*.

I ask pardon for this long citation; you know that it is not my custom; but it appeared to me so much more necessary, as this doctrine serves still as the basis for the reasonings and the practice of a great number of writers upon syphilis.

Must I first insist upon the manner in which Hunter admits the constitutional infection from blennorrhagia? It is not the part actually diseased that infects, it is the pus secreted! Evidently Hunter has never reflected upon this singular mode of infection, and those who have followed him do not appear to have reflected any more.

It is true that this doctrine has been singularly revised and augmented. Thus, you will find in a modern writer upon syphilis, that in blennorrhagia, the infection does not take place by means of that portion of the mucous surface which is diseased, but through the portion of the mucous surface of the neighboring part which has remained healthy, this alone having the power to absorb the virulent muco-pus; from whence it is necessary, my friend, to draw this absurd conclusion, that if the entire length of the urethra was diseased, the consecutive infection would never be feared.

The *coques muqueuses* of Hufeland are also an emanation from the Hunterian doctrine. You know that he pretends that if the blennorrhagia does not oftener infect, it is because the pus is enveloped in some small mucous follicles *(coques)*, from which it has not always the power to escape.

Let us return to Hunter, and be painfully surprised to see this great mind wishing to prevent infection by mercurial treatment, assuring us that the longer the disease has lasted, the more chances there will be of infection, and the more it will be necessary to give mercury; and not perceiving that if the mercury only acts by preventing the infection, its administration would be useless after a long continuance of the blennorrhagia, inasmuch as the infection would be already established, and the mercury would have no power upon it. Be astonished that in spite of

his uncertainty upon the action of mercury against the infection, he affirms in a manner so absolute its efficacy in doses so rigorously and mathematically determined! Be confounded, at not meeting in the passage cited but a tissue of wrong constructions and of contradictions. The mercurial treatment the most ordinarily excites blennorrhagic discharges, and Hunter wishes that it should be continued until the complete cessation of all secretion! How many patients, whose discharge does not stop, would be thus condemned to mercury forever! My colleague, of whom I lately spoke to you, would have been literally choked with mercury. What would have become, under the weight of a treatment so prolonged, of an old soldier whom I attended, who contracted blennorrhagia at the peace of Amiens, and who had it still in 1845—that is to say, for more than forty years?

This entire doctrine of Hunter is lamentable from its discrepancies. Shall I afford myself the pleasure of demonstrating this singular confession—"The success of this practice can never be verified"; and that one, more singular still—"We see few patients who are attacked with constitutional symptoms consecutive upon a gonorrhœa." Is not every question, dear friend, even from the confession of Hunter, reduced to this—that the mercury is useful only in the small number of those patients, whose blennorrhagia is due to a urethral chancre!

Thus everything, even error, comes to confirm the exactitude and the truth of the doctrine of the Hospital du Midi.

Lastly, the treatment of blennorrhagia brings us again into the presence of the theory of the half-way treatment of M. Lagneau, who regards blennorrhagia as a light form of syphilis, and advises against it a demi-treatment. We see peep out here the demi-virus, and the demi-virulence, of our brother at Lyons, M. Baumés.

Demi-treatment! Light form of syphilis! Alas! there is unfortunately nothing light as regards the verole, unless it be the certain opinions of very grave men. Syphilis exists, or it does not exist. If there is syphilis, a treatment as complete as possible is necessary; we must make use of all the guarantees that a serious and methodical treatment can give. If the verole does not exist—good heaven, for what good is an anti-syphilitic treatment? How must we treat simple benign blennorrhagia? I repeat again, that I confine myself to the generalities of the question. First, one word upon the abortive treatment. You know all that has been said upon repercussion, upon the theory of the wolf shut up in the sheep-fold; you are aware of all the apprehensions which have been manifested in regard to the metastasis and the wandering about of the virus in the economy, occasioned by the abortive treatment of blennorrhagia. This doctrine has always astonished me in presence of the facts which present themselves in crowds, and that, too, every day in practice.

First, it is incontestable that the greater part of the accidents to which blennorrhagia can give rise, never manifest themselves before the end of the first week; and it is from the second week, and most generally later, that we see these accidents take place.

On the other hand (and those who frequent the Hospital du Midi well

know it), the greatest number of these accidents manifest themselves only in those cases of blennorrhagia where no treatment or an insignificant one has been made. Do you wish me to give you a singular proof of this? Here let me inform you incidentally that I profess a great deference for medical statistics, that precious instrument, which managed as it has been by the skilful hands of M. Louis, has rendered such incontestable services to our science. But M. Louis is the first to recognize and to proclaim that nothing is more difficult and more delicate than medical statistics; nothing which by its faults, or by its vicious application, could conduct to greater deceptions or to more deplorable errors. This profession of faith being made, I hope that no one can consider as an attack against statistics, or as a mockery of that precious instrument of research, what I am going to say relative to the causes of the accidents produced by blennorrhagia.

I said that the abortive treatment of blennorrhagia was very innocent of the accidents which may be manifested in the course of this disease. Do you know, in truth, what the statistics absurdly interpreted would teach in this respect? Why that the most frequent antecedent of epididymitis is flax-seed tea. I possess upon this point enormous statistics, and the students of my clinique wait every day with an hilarious impatience, this final question, which I never fail to address to the patient affected with an epididymitis—have you taken flax-seed tea? The answer is inevitably affirmative.

What shall we conclude from these statistics and facts? Evidently that epididymitis, like the other accidents of blennorrhagia, is neither a repercussion nor a metastasis, nor any of those chimera by which some have desired to oppose the timely and abortive treatment of blennorrhagia.

I am profoundly convinced by my observation and by my long experience, that a blennorrhagia arrested the first days of its appearance, far from being followed by those accidents which are feared, will prevent, on the contrary, the manifestation of them. The abortive treatment of blennorrhagia is at the same time the prophylactic treatment of the consecutive accidents. Thus, in practice, I have adopted the abortive treatment applied at the first moments of the appearance of the blennorrhagia. This is a point of doctrine upon which I cannot too much insist—the commencement of the disease is known, its end and its consequences are always uncertain. It is, then, of great importance for the patient to disembarrass himself of his discharge as soon as possible. In spite of an old prejudice of which the practice of Bell could be the pretext, I profess, that the injections which constitute one of the most important parts of the abortive treatment, far from producing strictures of the urethra, as has been said and still repeated, form the best abortive treatment for these strictures. We can be assured that the quicker a discharge shall be arrested, the less shall we have to fear the organized alterations of the urethra; these latter are, as for all other mucous surfaces, the consequence of the duration of the inflammation. I well know that here, again, statistics have been invoked, and that cases sufficiently numerous have been brought forward, in which strictures have manifested themselves after injections. But this is a little

like the flax-seed tea in the cases of epididymitis. From this fact only, that injections are found among the antecedents of strictures, we must not infer a relation of cause to effect.

Analyze well these observations and you will see that it is a questiou of long-standing cases of blennorrhagia which have resisted everything —even injections; it is precisely because these injections have not cured the inflammation, that the stricture has followed—which fact does not necessarily imply their unskilful or untimely employment.

I do not wish to terminate this letter, my dear friend, without saying a word upon the prize which my honorable colleague and friend, M. Diday, of Lyons, has just established. You know that he offers the sum of 300 francs to whoever shall bring to him ten observations upon simple blennorrhagia which shall have produced constitutional syphilis. This idea is good, but do you think it sufficiently generous? Thirty francs for each observation so difficult to find—frankly, is it enough? I consider as beyond price one single fact of syphilis coming on without syphilitic cause; thus I shall not establish any price upon this point. Let my wise and spiritual friend permit me to say to him, that he would neither compromise his present nor his future fortune, in increasing a hundred fold the value of the observations which he demands.

Yours, &c. RICORD.

MEDICAL LECTURES IN PHILADELPHIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As your valuable Journal has contributed much to the diffusion of medical science and all that is connected with the medical art, I have thought a few scraps from this emporium of our western world for advancing this art, might not be unacceptable. Here are no less than seven regularly-chartered medical colleges, four of the good old practice (or five, if the female college is of the old stamp), one homœopathic, and one *called* eclectic. Of these numerous Æsculapian halls, the *Jefferson* stands first in point of pupils, numbering some six hundred for the regular class; and the *University* next, having about four hundred. Then comes the *Pennsylvania*, and last (I mean in *numbers* only) the *Philadelphia*. Just think of fifteen hundred medical pupils assembled in one city from all parts of the United States, when we in our good old "Athens" of Boston collect only between one and two hundred. Bostonians will never attribute this vast difference to any lack of capacity or advantages for communicating instruction in that city, and, indeed, they ought not, for there are certainly privileges in Boston not inferior in any respect to those in Philadelphia. The question then arises —what brings so many more pupils here than to Boston? And there are many reasons. It is a more central location from the South and West, from which many medical pupils here come, and in point of hospital practice this place possesses greater advantages than Boston, as the hospitals are more numerous. Candor, also, obliges me to say that some of the lecturers here are superior to any I have heard elsewhere.

No lecturer I have ever heard surpasses Dr. Mütter, of the Jefferson College. His appearance is fine—tall, sharp and piercing eye; elocutionary powers good (an item wanting in a larger proportion of medical lecturers than among either lawyers or clergymen), and perfectly at home in the lecture-room: and what is more than all the rest, he will command the attention of the class. To-day I have attended his clinique, at which he showed us a man with a fungous tumor, upon which he will operate when he has prepared the patient by diet and purgatives. He also exhibited specimens of the same kind of tumor upon plates, where they had been allowed, as we say, to *run to seed*. He told us the danger of parleying with this class of tumors.

He also *sounded* a child for stone in the bladder. He operated upon another child for phimosis, and told the origin of the term, viz., that on a certain occasion Moses got into trouble and went to his brother Aaron, who upon hearing his story, raised his hands in astonishment and exclaimed, "*phy—Moses*"! With all deference to the greatness of the man, however, I may be allowed to say of his Hebraism, "*sed dubito.*" It, however, made a good story, as he told it. He also operated upon a little girl for wry neck, by cutting both the attachments of the muscle, and then applying an instrument of his own construction, or, rather, invention, to prop the head up. The incision was sub-cutaneous, except, of course, the introduction of a very small scalpel through the skin. He informed the class that he divided this muscle *low down* to avoid the bloodvessels connected with it. Dr. M. may not excel many others, as an *operator*, but it is apprehended few can equal him in explaining the operation to a class, and, as it were, *compelling* them to understand it. It is no marvel that this College flourishes with such a man it.

Dr. Mitchell's Clinique.—Dr. M. is also in the Jefferson College, and his was the *medical* clinic. He is a man who makes a fine appearance, and would make a *finer* one, if he did not seem to be aware *how well* he really does appear. However, though he has that degree of confidence which generally inspires a man with the firm belief that *he* can do a thing as well as others (thus giving self-complacency), yet in *his* case confidence does not seem to have received that precise number of multiplications which amount to impudence. I love to see a man at home in his profession. The first patient presented seemed to be an Irish woman, by name Mary O'brien. "Mary, how old are you?" "Forty, sir." "What is the matter, Mary?" "Ah! a dreadful pain in my stomach, sair [at the same time placing her hand over the left iliac fossa to show the doctor the place of the pain *in the stomach*]. The diagnosis was, tympanitis, or flatus of large intestine. Prescription—R. Blue mass, grs. ij.; pulv. opii, gr. j. M. Ft. pil., s. hora nocte.

Next came James Sullivan. "You see his skin, gentlemen," says the Prof.; "it is pale, dirty, dingy, wrinkled. Two kinds of disease produce this appearance of the skin—intermittent fever and chronic diarrhœa. I know nothing of this man's case—but though these two diseases give the skin a similar appearance, yet a practised eye can distinguish the one from the other. What is the matter, James?" "The

chills and the *aches*, doctor." "How long have you had them?" "In the western country first, and then in this." Prescription—R. Quinia, grs. xij., to be taken at once; then a warm salt-water bath three times a week; afterwards small doses of rhubarb, calomel or blue mass (the latter said to be the mildest preparation of mercury), gently to move the bowels.

Next, a female, aged 42 years, with cough and disease of mucous follicles, was presented. The seat of her disease was diagnosed to be in the stomach, and the doctor prescribed an alterative treatment as follows. R. Aloes, gr. j.; rhei, grs. iij.; tart. emet., gr. 1-16; calomel, gr. 1-8. M. Ft. pil. Take each night. This he said had been christened Dr. Mitchell's pills *par excellence*. With this he had found no fault, as he made no secret of it.

A little boy with tinea capitis came next. Prescription—affusion twice or thrice a-day with cold water, and no other treatment. An exceedingly emaciated child was then presented, which had suffered long with the summer complaint. A dessert spoonful of cod-liver oil three times a-day, and a warm salt-water bath at night, made up its treatment. For a woman whose right lung was diseased, the Professor prescribed cod-liver oil three tablespoonsful a-day, after having put half a dozen *sardines* into the bottle to remove all the nauseous or unpleasant taste—quite a desideratum. Dr. M. is the most *ready*, off-hand prescriber I have ever seen.

Prof. Pancoast presented a lady upon whom he had operated a week before for carcinoma of the mamma. The whole gland was removed. She appeared to be doing well. Dr. P. looks like an efficient, healthy, go-a-head man—as though his professional services had not worn down his constitution.

To-day attended Dr. Carson's lecture, at the University, which was on *soap*. The doctor reminded me of the saying of one of the cotemporaries of Dean Swift, that the "Dean could polish a broom-stick;" and Dr. C. certainly *polished* soap. He informed us that the *red* color in Castile soap is owing to *iron;* that when we find the term *sapo* used in our pharmacopœias, it always means Castile soap, while other soap is always characterized by the term *sapo vulgaris*. Soap is a good *emetic*, and should always be resorted to when poison, like sulphate of copper, or corrosive sublimate, has been taken, and when albumen is not at hand.

I also attended the lecture of Dr. Wood, one of the authors of the United States Dispensatory. It was on cutaneous diseases, especially those of a *pustular* character, of which he exhibited many excellent specimens. The lecture was confined to lichen, impetigo, and acne. He represented the latter as a *safety-valve* to the system, usually occurring at that age when the growth of the body ceases and there is a surplus of nutrition, and which, if not thrown out upon the surface of the skin, might result in hemorrhage from the nose or lungs, or in the development of phthisis.

Dr. W. is a very correct lecturer, and while there is no effort at display, no rhetorical flourishes, there are great precision and purity of diction. It is pleasant to find a man, like him, possessed of ample means,

and verging to the decline of life, devoting himself most assiduously to the good of his fellow men and to the advancement of medical science.

I also attended Dr. Gerhard's clinic and operation at the Pennsylvania Hospital. This Hospital was founded by William Penn, whose statue stands in front of the edifice. Prof. G. examined a young man with an aneurismal tumor. He advised him to live temperately and to take no stimulants. With *proper care*, he informed the class that this young man would live as long with this aneurism as *without* it. He prescribed small doses of digitalis occasionally, and no other medicine.

Mr. Norris, surgeon, came next, and amputated the fore-arm of a man injured in the Mint. The operation was *well done;* but the Professor speaks in a voice quite too low to be heard by those whom he addresses.

Oct. 8th.—Attended five of the preliminary lectures at different colleges. These lectures are neither of the *regular* courses, nor *introductory* to them, but given for the purpose of the professors' showing themselves to the students, who are now pouring into the city by hundreds. In the language of one of the professors, they are given to get as many students as possible, upon the principle that "*dog eats dog.*" There is verily a *rivalship* in this matter, and the arrival of fifteen hundred students in the city seems to make a very general sensation. Boarding-houses calculate upon a harvest—clergymen preach special lectures for the students—and the professors, in the various colleges, put on their best bow, and display hecatombs of bones and hosts of mummified preparations.

The first lecture attended to-day was by Dr. Allen, the new Professor of Anatomy in the Pennsylvania College. It was on the anatomy of the ear, and was illustrated with a large model and plates to match. Dr. A. is an exceedingly *exact* anatomist and an excellent lecturer. He was a Massachusetts man.

The second lecture was that of Prof. Smith, of the same College, on the physiology of the ear. I have rarely, if ever, heard a finer lecture, either for elegance of language, elocution, or correct and useful exhibition of the *functions* of the various parts of the auditory apparatus. These are both young men, and under such professors the Pennsylvania College must flourish.

The next lecture was by Prof. Vandyke, of the Philadelphia College of Medicine. His subject was *quackery*—and he found it in every thing, among all professions and classes of men. He remarked that it was generally called by a milder name among others, than it was in the medical world. It usually went by the name of *humbugery.*

Prof. McClintock, of the same college, gave the next lecture of the day, upon the blood, and other fluids of the body. He is a plain, outspeaking man, saying just what he pleases without fear or favor. The lecture was characterized by good sense and correctness, and showed that the doctor knew where his strength lay.

In the afternoon, I heard two of the Professors at the old University College. The first was Dr. Pancoast, whose lecture was on the circulatory system. It was about what all our school-boys in Massachusetts

can tell, who have studied physiology in the public schools—the clear and common description of the circulation. Dr. P. appears well, but the lecture was not distinguished for that correctness and precision of language which was characteristic of some of the other lectures.

Then came Prof. Mütter upon the treatment of syphilis. Perhaps I may say he has not his superior as a lecturer, in this or any other city in America. He took up the first manifestations of this disease in its four forms of chancre.

First, the simple or common follicular chancre, consisting only of a white spot with a slight redness around it. Cauterization was the treatment recommended for this kind of chancre, and no constitutional prescription, that is, when taken early. But when it had progressed longer than five or six days, or when there was much inflammation, or if the constitution was irritable, cauterization must not be relied upon; if very irritable, not made at all. If medicine was demanded, it should be mercurial, and continued only till a slight impression was made upon the gums. Salivation was unnecessary. Half a grain of the proto-iodide of mercury night and morning was the dose.

Second, furuncular chancre, characterized by an abscess, which should be opened immediately with the lancet and the water discharged—then apply warm poultices, poppy fomentations, slippery elm, &c.

Third, Hunterian chancre—commences with a pimple, which heals up, leaving the centre ulcerous, and a circular, deep and excavated scab, having the base and edges as hard as cartilage. Mercury the remedy; if pale, a meat diet; and if plethoric and full, bleed. Continue the mercury till the ulcer shows some improvement; if the gums become affected, stop, and in a few days begin again. Apply aromatic wine for a local wash; change, if necessary, to the black wash. Put him upon an alterative plan, corrosive sublimate 1-16th of a grain three times a-day.

Fourth, the phagedenic chancre. 1st, the black chancre; 2d, the white. Mercury will do no good. Strong nitric acid should be applied upon lint. If feeble, give tonics, beef, &c. Apply a carrot poultice; local bleeding, if necessary; use mercurial fumigation, where the mercury will not take hold of the system.

Lastly—attended two of the introductory lectures at the Homœopathic College. I did not learn the name of the gentleman who gave the first, and, indeed, it was just as well, as the lecture was an *infinitesimal* in every sense of the word.

The second was by Prof. Loomis, and was a well-written and well-spoken essay upon homœopathic medical science and practice. The college is a fine building, and the museum good. *

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 27, 1852.

The Salivary Glands.—M. Charles Bernard, the well-known French physiologist and anatomist, after a long and careful study of the salivary

glands, has discovered, that each of the three common to most mammals, furnishes a different secretion. The saliva from the sublingual gland is viscous and adhesive, incapable of penetrating substances, but admirably adapted to cover their surface with a viscid coating which much facilitates their being swallowed. On the contrary, that from the parotid gland, is thin and watery, easily penetrates substances submitted to its action, and thus assists their assimilation. The saliva from the submaxillary gland partakes of the nature of both the others.

The verification of these facts was established by macerating portions of the membrane in water (as well as by actual experiment on living subjects), the liquid in which the membranes were soaked presenting the same character as that of the secretions. M. Bernard considers the secretion from the parotid gland as especially designed to assist mastication, more particularly as its amount varies according to the nature of the food masticated. The parotid glands of a horse fed on perfectly dry food, secrete a greater quantity than when the food of the same animal is moistened, or is of a succulent character. Similar results have been furnished by experiments on dogs and rabbits. It is likewise an extraordinary fact, that this gland will secrete, in the course of one hour, saliva, weighing ten times the weight of its own tissue;—a wonderful example of the rapidity with which that secretion can be separated from the blood under certain circumstances, and proving the fallacy of drawing any conclusion from the quantity secreted within a given time. The sublingual gland remains inert during the process of mastication, but as soon as deglutition commences it begins to act, and envelopes, or rather lubricates the macerated substance with its viscid secretion, facilitating its passage to the stomach. The office of the submaxillary gland has much to do with the sense of taste, its secretion diluting and diminishing the pungency of sapid substances, and at the same time decreasing their power of cohesion. These glands are identical in texture, although so different in their secretions. "Each gland," says M. Bernard, "having a special act, its function is exercised under separate and independent influences. Notwithstanding the discharging into, and the mixture of their secretions in the mouth, their use remains distinct."

Use of Tobacco.—No person has written more or better on tobacco, than Dr. Tabor, of Shelburne Falls. He has treated it in all its forms, and therefore the literature of tobacco has been a fruitful topic in his hands. We had thought that he had exhausted the subject, so that no more could be said not already familiar to the reading public. Somebody, however, has written what is called the diary of a clergyman who was greatly addicted to both chewing and smoking, which is excessively amusing, while it inculcates the inconvenience of the practice to the individual who is a slave to the habit. Not a word in regard to the effects on the salivary apparatus is introduced, beyond now and then an inference very naturally drawn from the narrative. At the close of the diary, is an appeal to the ladies, by the Rev. George Trask, of Fitchburg, Mass., respecting the wrongs they endure from the common use of tobacco, which are set forth in a new aspect. He argues that sleeping with a tobacco consumer actually affects the health of a person who does not use the article. This has not before occurred to us, but on examination of the facts, there appears some reason in the statement. There are so many anti-associations in New England, having in contemplation revolutions in habits, morals and sentiments, that

a mere catalogue of them shows that the chart of their proposed reformations is immense. Those who have given in to half of them, must be very good people, if conforming to the requirements and demands of each, strengthens one's claim to that distinction. Smoking and chewing are attacked with vigor, but with what success remains to be ascertained. Our climate is certainly unfavorable to the practice of these habits, and physicians have never hesitated to proclaim this truth. That various indications of bad health have their origin in the excessive consumption of tobacco, is not denied; but since reason is given men to guide them in the use of the bounties of Providence, to that monitor and the persevering efforts of reformers, we relinquish the field of the anti-tobacco crusade—with a simple expression of the belief that those who use the least tobacco are the best off.

Illustrated Catalogue.—Very rarely, if ever, has a catalogue of scientific books been distributed of a more inviting character than the one lately issued by Messrs. Blanchard & Lea, of Philadelphia. It is a pleasant entertainment to examine the specimen plates with which it abounds, as they are really of high artistical value. Such is the reputation of the house for its valuable professional publications, that the mere mention of their names on the imprint of a book, is a strong presumptive evidence of its claim. This catalogue is important for reference, to ascertain where works may be found, the character of the edition, and other matters which it is always satisfactory to a purchaser to understand.

Dr. Childs's Address.—When the new college edifice for the Berkshire school of medicine was dedicated, Aug. 5th, the veteran professor of Theory and Practice, H. H. Childs, M.D., made an address, which abounds with pleasant reminiscences, that might have been extended half-a-dozen pages more, without wearying the reader. As for the audience, if like most others in New England, they would have thanked him for another half hour upon the medical antiquities of Massachusetts and New Hampshire. Dr. Childs has carried the Berkshire Institution through long years of trial, and triumphed in giving it stability, character and prosperity; and long may he live to enjoy the results of a well-earned fame.

Dartmouth College.—Those who have an interest in the Granite State, of course feel a pride in its only college, which has been the nursery of many great minds. It would be inappropriate to speak particularly of the academical department in this place, which enjoys the confidence of all good men and scholars. Of its medical division, however, we have no hesitation in saying, that it has been sustained, from the days of its founder, Dr. Nathan Smith, by a succession of able men; and at no period have the faculty had the entire confidence of the profession and of the people, at home and abroad, more firmly established than at the present hour. A recent catalogue, politely furnished from an unknown source, presents the college in a flourishing condition. In Professor Hubbard, chemistry is destined to have a position which it does not have in all medical schools of our country. The lectures will close Nov. 10th. Of the Chandler Scientific School, another department of recent creation, by the gift of *fifty thousand dollars*, which is unquestionably confided to able hands, we fully intend to say considerable, when the names of the teachers and the pro-

gress of instruction are better known, because it looks as though medical students might derive great advantages there, at a moderate price.

Massachusetts Medical College.—On Wednesday next, the annual lecture term commences in the Grove-Street College, in this city, under auspices of the most favorable character. Dr. Channing has returned from Europe, invigorated by a tour both extensive and agreeable. He will be able to lay before the class the latest discoveries and improvements in the important department confided to his charge. As to the other gentlemen occupying the various chairs, it is needless to recount their eminent qualifications. The Massachusetts General Hospital presents extraordinary advantages for the study of diseases, and in operative surgery the field is unsurpassed in this country. Order, efficiency, science and skill distinguish the institution. With these and other appliances, we look with confidence to the onward success and influence of this excellent school of medicine. The introductory lecture will be delivered at 12 o'clock on the day above mentioned, by Prof. Jacob Bigelow.

Vermont Medical Society.—An abstract from the records of this society for the last three years, has been received. The constitution and code of ethics, are excellent. Whole amount in the treasury Oct. 22, 1851, $36 17. Dr. Goldsmith, of Castleton, is president. The transactions of this society are too meagre, if this is all. Probably the next meeting will be more prolific in matter of general interest to medical readers.

The French Language—Medical Students.—From the first of October to April, a course of readings, conversations and lectures are given in Boston, in the French language, by an association—the French Institute; which is an important affair to merchants and literary men, and no doubt a sufficient number of both avail themselves of the advantages thus brought to their doors. We have been thinking that medical students would also be much profited by simply setting apart two evenings in the week, for these important exercises. Some of the best works in anatomy, physiology and surgery, as well as in other sciences, are written in that language. Besides, it is an accomplishment of the first character in social intercourse, to be able to speak it. Medical students scarcely feel qualified to commence professional business without first visiting France; but how many are the wiser for the voyage, who cannot understand a sentence of the language in which all the clinical instruction of the hospitals of Paris is given. We recommend, therefore, to young medical aspirants, while in attendance on the winter course of lectures, to register their names at the Institute in Bromfield st. While they are pursuing their legitimate studies, they might, by appropriating a small portion of the time usually given up to other pursuits, or to recreations, learn to read, write and converse very satisfactorily, and thus lay the foundation for future progress, pleasure and usefulness.

Manakins.—It was a gross mistake for the agent of the Paris manufacturer of these much-prized substitutes for dissection, to fix upon Albany for a depot. Why not have Boston or New York? No arguments are neces-

sary to prove that either would be better than Albany, to accommodate purchasers.—All this reminds us that a beautiful manakin, a female figure, has just been imported here, that might be purchased a little short of five hundred dollars. Any institution or individual in want of an accurate, artistical model of the kind, would find it good economy to secure this at once, by calling on the editor, who will give the necessary address.

Medical Men and Passports.—A lady, while travelling, having been seized with cholera at Ostrowo, on the confines of Poland, sent for a physician, who was refused permission to cross the boundary, as he had not a passport. The lady died from want of medical aid.—*London Lancet.*

Medical Miscellany.—J. E. Tyler, M.D., of Salmon Falls, N. H., has been appointed Superintendent and Treasurer of the State Asylum for the Insane, at Concord, N. H.—Drs. Safford and Ensign, of Tariffville, Conn., are suffering severely from puncturing their fingers in a post-mortem examination.—Dr. C. G. Grana, a distinguished Swedish physician, was recently in England on a sanitary inquiry for his government.—Dr. Wm. Macgillivray, professor of Natural History in Marischal College, Aberdeen, Scotland, recently died. He was author of many works on natural science. —Dr. James Mitchell, of Wellfleet, Mass., has been appointed Steward of the United States Marine Hospital Chelsea, Mass.—A horse actually dropped down dead, from fright at seeing a locomotive and train coming in at Frankfort Ky.—Mrs. Margaret Mason, of Trapp, Montgomery County, is 102 years old, and in fine health.—A correspondent says that the dental depot of Messrs. Jones, White & M'Curdy, Tremont Row, Boston, was established in 1850, and is therefore the first or ancestral one of New England—a correction we are happy to make.—Cholera was appalling in California at the last advices.—Prof. Thompson, of the University of Vermont, at Burlington, has entered upon his duties in the chair of Chemistry and Natural History.—Col. Fallen has built a dispensary for the Medical College, Cincinnati, at a cost of $20,000, and secured a perpetual revenue for its support.—Surgeons are represented to be in demand for Australia emigrant ships, at Liverpool.—Cholera has broken out at the Bahama Islands, for the first time.—Mrs. Sanderson, of Lexington, Mass., died lately at the age of 105; and Mrs. Cumings, at Canaan, N. H., 108. —Report says that typhoid fever is prevailing alarmingly at Marblehead, about ten miles from Boston.—Cholera is raging terribly in Persia.—Since the Royal Orthopedic Hospital, Bloomsbury square, was opened, it has been the means of restoring upwards of 12,000 cripples, and there are now 700 under treatment, while 320 are waiting admission.

MARRIED.—At Hingham, Dr. Robert W. Oliphant, of St. Louis, Mo., to Sarah M., daughter of David Harding, Esq.—Dr. John Dickerman, of Brattleboro', Vt, to Miss C. Thompson.

DIED.—In Charleston, S. C., Dr. Cleveland; Dr. Dailey, of the same State; also Dr. Young.

Deaths in Boston—for the week ending Saturday noon, Oct. 23d, 64.—Males, 38—females, 26. Accidental, 2—asthma, 1—apoplexy, 2—consumption, 14—convulsions, 4—croup, 2—cancer, 1—dropsy, 2—dropsy in head, 4—infantile diseases, 5—fever, 1—typhoid fever, 5—scarlet fever, 4—gangrene, 1—hæmorrhage, 1—disease of heart, 1—intemperance, 1—inflammation of lungs, 5—old age, 1—palsy, 2—pleurisy, 1—teething, 1—thrush, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 4. Americans, 22; foreigners and children of foreigners, 42.

Binocular Microscope.—At a meeting of the Physico-Medical Society, on Saturday evening, 2d October, Prof. J. L. Riddell called the attention of the society to an instrument of his own invention and manufacture, which promises to be of incalculable advantage in microscopic researches, especially in the prosecution of microscopic anatomy and physiology.

He remarked, that he last year contrived, and had lately constructed and used, a combination of glass prisms, to render both eyes serviceable in microscopic observation. The plan is essentially as follows: Behind the objective, and as near thereto as practicable, the light is equally divided, and bent at right angles and made to travel in opposite directions, by means of two rectangular prisms, which are in contact by their edges, that are somewhat ground away. The reflected rays are received at a proper distance for binocular vision upon two other rectangular prisms, and again bent at right angles, being thus either completely inverted, for an inverted microscope, or restored to their original direction. These outer prisms may be cemented to the inner, by means of Canada balsam; or left free to admit of adjustment to suit different observers. Prisms of other form, with due arrangement, may be substituted.

This method proves, according to Prof. Riddell's testimony, equally applicable to every grade of good lenses, from Spencer's best sixteenth, to a common three-inch magnifier, with or without oculars or erecting eye-pieces, and with a great enhancement of penetrating and defining power. It gives the observer perfectly correct views, in length, breadth and *depth*, whatever power he may employ; objects are seen holding their true relative positions, and wearing their real shapes. In looking at solid bodies, however, depressions sometimes appear as elevations, and *vice versa*, forming a curious illusion; for instance, a metal spherule may appear like a glass ball silvered on the under side, and the margin of a wafer may seem to ascend from the wafer into the air.

With this instrument the microscopic dissecting knife can be exactly guided. The watchmaker and artist can work under the binocular eye-glass with certainty and satisfaction. In looking at microscopic animal tissues, the single eye may perhaps behold a confused amorphous, or nebulous mass, which the pair of eyes instantly shape into delicate superimposed membranes, with intervening spaces, the thickness of which can be correctly estimated. Blood corpuscles, usually seen as flat disks, loom out as oblate spheroids. Prof. R. asserted, in short, that the whole microscopic world could thus be exhibited in a new light, acquiring a ten-fold greater interest, displaying in every phase, a perfection of beauty and symmetry indescribable.—*N. Orleans Monthly Med. Register.*

Diluted Hydrocyanic Acid as a Topical Application in certain Affections of the Eye.—The above application is highly recommended by Mr. Soliman in the *Medical Times and Gazette*, in certain forms of strumous ophthalmia—often so perplexing to the surgeon. He uses one part of Scheele's Prussic acid, diluted with two parts of distilled water. It may be used with marked advantage, when the acute stage, says Mr. S., has been subdued by appropriate treatment, or in cases where the symptoms of irritation are greater than those of vascular excitement. The lingering chronic stage, with the liability to relapse, is averted; dimness of vision, intolerance of light, and profuse lachrymation, quickly yield to its calmative powers.—*N. Orleans Medical and Surgical Journal.*